

Fact Sheet:**Facts and Figures on Cocaine**

Cocaine belongs to a class of drugs known as stimulants, which produce a short-lived sense of euphoria, limitless power, enhanced energy and mental alertness, and increased self-esteem. Depending on the route of administration, these effects begin within a few seconds and diminish within 10 to 40 minutes. As the effects of the drug wear off, the user is left with feelings of anxiety and confusion, and craving more of the drug.

Cocaine is an odorless, white crystalline powder that can be inhaled or dissolved in water and injected. Crack is a form of cocaine that has been chemically altered so that it can be smoked. Because it is smoked, crack is absorbed rapidly in the lungs, heart, and brain producing a quick high. Crack is also sold in low-cost single doses, making it available to a larger number of people.

History

Cocaine is native to the mountains of Colombia and Bolivia, and has been consumed by humans for at least 2000 years. The Spanish grew it commercially to increase the productivity of slaves in the silver mines. In the 1880's cocaine was imported into New Orleans, where stevedores used it to overcome fatigue. U.S. employers began distributing it to agricultural workers and miners to increase productivity. In 1886, Coca-Cola was introduced as "a valuable brain-tonic and cure for all nervous afflictions". Until 1903 a serving contained about 60 mg. of cocaine. Coca leaves are still used for flavoring the drink.

Crack has been marketed since around 1985 as a low-cost alternative to cocaine.

Prevalence of Use in the United States

The 2004-05 National Survey on Drug Use and Health (NSDUH) estimated that 35.3 million Americans age 12 and older had used cocaine at some time in their lives, and 8.5 million had used crack. Over 2.4 million of these had used cocaine in the month prior to the survey, and 702,000 had used crack.

Extent of Use in California

During 2002-2004, NSDUH estimated that an average of 5 million Californians age 12 and older

had used cocaine in their lifetimes. Of these, 210,000 had used cocaine in the past month and 30,000 had used crack.

Admissions to Treatment*

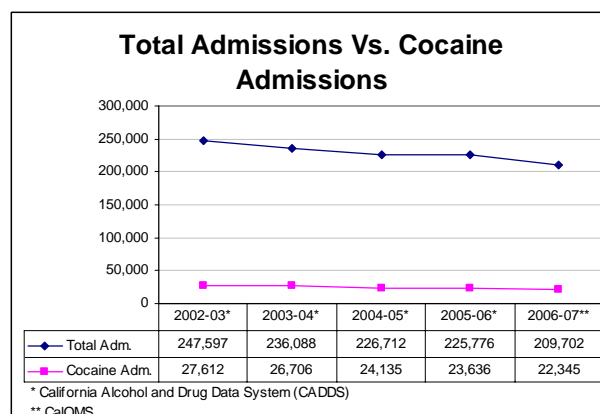
Most admissions to treatment for cocaine/crack abuse were court-ordered (49 percent), followed by self-referral (26 percent) and other/community sources (25 percent).

Fifty-seven percent of cocaine/crack admissions received outpatient treatment. Twenty-seven percent were treated in a residential facility and the remaining 16 percent received detoxification.

Twenty-eight percent of cocaine/crack admissions had treatment lengths of 30-89 days, 22 percent were in treatment for 90-179 days and another 25 percent were in treatment for over 179 days.

Forty-one percent of cocaine/crack admissions completed treatment and 57 percent did not. Death and incarceration accounted for the remaining two percent of discharges.

Treatment admissions with cocaine as primary drug have shown a slight downward trend in the last five years, as shown below.



* Source of data is CalOMS for Calendar Year 2006. For the purpose of this fact sheet represents admissions and not individual clients. For example, an individual admitted to treatment twice in the same year would be counted as two admissions.